

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37100

1. PLACE OF DEATH

County Burlington
Township Chillicothe
City Chillicothe (No.)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 141
St. Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles (Kit) Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-18-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Mo

13. NAME Jackson Perin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caroline

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Harry Griffin Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutchison DATE Nov-30 1933

19. UNDERTAKER (ADDRESS) Gas D Gordon Chillicothe Mo

20. FILED Nov-30 1933 Donald H. Howell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933, to Nov. 29 1933

I last saw alive on July 5 1933. Death is said to have occurred on the date stated above, at 7:30 pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1938
93C
935
Other contributory causes of importance:

Name of operation Physical Exam Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) A. Cahier M. D.
(Address) Chillicothe Mo

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